



Profile



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Notes from John D. Bruner, Ph.D. —

I've had numerous opportunities to discuss and attempt to explore a number of questions from many of you. Aside from short answers to specific questions, a lot of questions seemed to center on a basic understanding of the role and workings of the Board. I'd like to take a few lines of print and give you a brief sketch of the Board's functions.

You may have noticed that the Board has been very busy over the last few years especially in the area of generating new regulations. The effort started with regulations to implement the statute changes in 1996, then continued to make changes that allow experienced practitioners licensed in other states to become licensed in Virginia more easily, then cautiously to implement regulations increasing fees and currently, to efforts establishing continuing education as a requirement for license renewal. New regulations must pass through a precisely defined but complex and lengthy set of reviews within the Executive Branch of government, so the development process for regulations requires vision, careful

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Mandatory Reporting Requirements

Health Care Institutions

Virginia Code §54.1-2906 requires the "chief administrative officer and the chief of staff of every hospital or other health care institution in the Commonwealth" to report to the appropriate health regulatory board certain information concerning **any** person licensed by **any** health regulatory board in the Commonwealth. The statute specifies four types of information subject to mandatory reporting. Among these four topics is the following:

Any information of which he may become aware in his official capacity indicating that such a health professional is in need of treatment or has been committed or admitted as a patient, either at his institution or at any other health care institution, for treatment of substance abuse or a psychiatric illness which may render the health professional a danger to himself, the public or his patients.

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...From the Chair

planning and close management of the review process. Fortunately, the staff members who serve the Board are experts at this and keep both the process and the Board working smoothly.

Role

Remember that the primary purpose of the Board is to protect the public. The services they receive must meet high standards of quality. They must be assured protection from harm that may result from failures to maintain quality or from abuses of the relationships that accompany psychology services. We must accomplish this purpose with regulations and procedures that are sensitive to the continuing evolution occurring within the field of psychology, within the domain of health care systems, and in our society as a whole. To do this, the Board must keep up to date with many types of trends. This in turn requires that we listen to the licensed professionals providing the services to you. Drafting regulations for continuing education is a good example of this interaction. The effort is the result of a strong desire of practitioners to increase the standard of professional service. The Board could not bring about the changes that enabled the process, but the professionals *practicing* Psychology could, and did. For more detailed information about these regulations, see the article in this newsletter.

Committees

The Board accomplishes most of its work through a committee structure. The Regulatory Committee probably receives the most attention since all licensees are likely to come into contact with its products. The work of the Credentials Committee and the Examination Committee is less obvious to licensees because these hurdles have been passed. These committees get the full attention of prospective licensees as they go through the process of demonstrating their qualifications and abilities.

Both committees do the important work of insuring that individuals coming into practice in Virginia meet the minimal standards of the profession; and it is a lot of work.

The work of the Discipline Committee needs to be highlighted beyond the specification of some of the outcomes of its work found elsewhere in this Newsletter. The list serves as a reminder of the importance of protecting the public, the importance for practitioners to maintain an awareness of practice standards and to abide by them. The committee members review the findings of investigations carried out by the trained investigators of the Department of Health Professions, and hold informal hearings that can result in legally binding agreements and orders to resolve cases. When informal hearings do not produce a resolution, the Board holds formal administrative hearings. Formal administrative hearings, true to their name, are trial-like proceedings. The Board reviews the investigation's findings, questions witnesses,

and reaches decisions that are legally enforceable. The members of the Discipline Committee and the members of the Board take these proceedings very seriously, since we simultaneously fulfill the primary mission of protecting the public and the second mission of safeguarding the standards and integrity of the profession.

Practice Exam

One of the more unique (i.e., unusual) projects of the Board over the past several years involves the development of the state practice exam. In 1992 legislation was passed which prohibited DHP Boards from administering oral examinations. The Board of Psychology had developed and refined an oral exam for the clinical license based on role-played scenarios, and felt that it was an excellent means of assessing professional skills. The loss of an effective oral exam caused the revamping of the state practice exam to meet some of the examination objectives that had been a part of the oral exam. The "latent image" exam was the result. It requires candidates make a series of choices that parallel the professional decision making processes involved in assessment, diagnosis and treatment. It has been given twice a year for over five years and the results have been good. The statistics demonstrate consistency in such areas as discriminability and difficulty. The comments from candidates have been positive, even from many who have had difficulty with the test.

The Board has been trying for several years to determine if other jurisdictions might have interest in our practice exam. Examination Committee members have made several presentations at the Association of State and Provincial Psychology Boards, most recently at the September Board of Directors meeting in Louisville, Kentucky and then at the February Mid-Winter meeting in Albuquerque, New Mexico. Several states have expressed interest in our approach because it seems to overcome objections to oral exams that increasing numbers of jurisdictions are encountering. We are also trying to persuade ASPPB that the exam is sufficiently similar to an oral exam to qualify Virginia Clinical licensees in the organization's reciprocity agreement, which would allow licensees more mobility of licensure and practice. At the Albuquerque meeting we also demonstrated a prototype of a computer-administered version of the test. This may appeal to jurisdictions as the national exam (the EPPP) moves to on-demand computer administration. Applicants could then take both the national multiple choice test and a practice exam without scheduling constraints. Additional benefits to the successful marketing of the practice exam would be an ability to expand the item development effort over a larger area, and some relief in the fees associated with administration since the costs could be spread over a larger pool of exam takers.

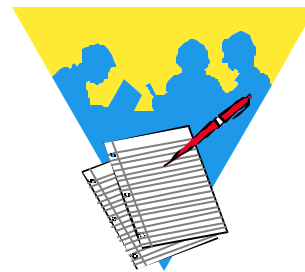
Your Role

The Board of Psychology remains a working Board. The members devote many hours of their time to the responsibilities of maintaining the trust and well being of Virginia's citizens while developing the foundation in the present on which the future of psychology will be able to

grow. I encourage your participation by expressing your view of the issues as well as your concerns. We will all benefit from it.

And a Special Thanks

I'd like to take this opportunity to express thanks to Dr. Jacqueline Curtis for all of the hours and all of the energy that she has devoted to the Board while serving two complete terms. We'll miss her wisdom and experience, but appreciate all that she has done.



Regulatory Review

by Jeanne Decker, Ph.D.

Changes in Effect

In November, 1999, amendments to the *Regulations Governing the Practice of Psychology* became effective. Highlights include an endorsement provision for psychologists with lengthy practice in other states, and an update to the education requirements for all licensure categories based on current national degree program standards.

More recently, the Board finalized fee changes in compliance with a requirement in law to raise fees if expenditures exceed revenue by more than 10%. The Department of Health Professions developed principles for all boards to use to standardize common fees, such as the fee for a replacement license, and to more accurately assess fees based on the cost of processing applications and administering the disciplinary process. Effective April 12, 2000, the renewal fee increased from \$200 to \$225 per biennium. The application fee increased from \$150 to \$200, but the registration of residency fee decreased from \$100 to \$50 (\$25 for additional registrations). The late renewal fee increased from \$10 to \$80, and the late renewal period is now limited to one year, after which an application for reinstatement is required. For individuals who leave Virginia for lengthy periods of time, the reinstatement process will be less costly than paying cumulative renewal and penalty fees.

The new regulations are available on the internet at <http://www.dhp.state.va.us>, or can be requested from the Board office at 804/662-9913.

New Licensure Title for School Psychologists-limited

Legislation enacted in 1999 requires that the Board develop regulations for limited licensure of school psychologists who have a master's degree in school psychology and an endorsement in psychology from the

Board of Education. This limited license will not authorize holders to establish independent practice. The Board has published the proposed regulation in *Virginia Register* and will be accepting public comment from August 28 through October 27, 2000. A public hearing on this proposed regulation is scheduled for September 21st at 9:00 a.m. at the Department of Health Professions.

Temporary Licensure

The Regulatory Committee has submitted a proposal to request permission to develop a temporary license for psychology residents who have passed the EPPP exam. The Board has published the proposed regulation in *Virginia Register* and will be accepting public comment from August 28 through October 27, 2000. The Committee will also be studying the issue of developing reciprocity agreements with other states in the coming year.

Continuing Education Requirements

New legislation enacted this year requires that the Board develop continuing education (CE) requirements for licensure renewal. The Board's proposal is outlined below. It is anticipated that requirements will be finalized in 2001, which means that licensees will begin accumulating CE hours after their 2002 renewal date. The first audits will be conducted in 2004.

Underlined text represents proposed new language. Anyone wishing to comment on the proposal, or be placed on the mailing list to receive notices of the Board's regulatory activities may contact Janet Delorme by phone at (804) 662-9575, by fax at (804) 662-7250, or by e-mail at jdelorme@dhp.state.

Continuing Education Proposal

18 VAC 125-20-120. Biennial renewal of licensure.

Every license issued by the board shall expire on the last day of the licensee's birth month of each even-numbered year.

1. Every licensee who intends to continue to practice shall, on or before the expiration date of the license, submit to the board a license renewal application on forms supplied by the board and the renewal fee prescribed in 18 VAC 125-20-30.

2. Beginning with the 2004 renewal, licensees who wish to maintain an active license shall pay the appropriate fee and document on the renewal form compliance with the continuing education requirements prescribed in 18 VAC 125-20-121. First-time licensees are not required to document continuing education on the first renewal date following initial licensure.

3. A licensee who wishes to place his license in inactive status may do so upon payment of the fee prescribed in 18 VAC 125-20-30. No person shall practice psychology in Virginia unless he holds a current active license. An inactive licensee may activate his license by fulfilling the reactivation requirements set forth in 18 VAC 125-20-130.

4. Licensees shall notify the board office in writing of any change of address. Failure of a licensee to receive a renewal notice and application form from the board shall not excuse the licensee from the renewal requirement.

18 VAC 125-20-121. Continuing education course requirements for renewal of an active license.

A. After January 1, 2004, licensed psychologists shall be required to have completed a minimum of 14 hours of board-approved continuing education courses each year for a total of 28 contact hours for each biennial licensure renewal. A minimum of three of these hours shall be in courses that emphasize the ethics, standards of practice or laws governing the profession of psychology in Virginia.

B. For the purpose of this section, "course" means an organized program of study, classroom experience or similar educational experience that is directly related to the practice of psychology and is provided by a board-approved provider that meets the criteria specified in section 18 VAC 125-20-122. At least half of the required hours shall be earned in face-to-face educational experiences.

C. Courses must be directly related to the scope of practice in the category of licensure held. Continuing education courses for clinical psychologists shall emphasize, but not be limited to, the diagnosis, treatment and care of patients with moderate and severe mental disorders.

D. The board may grant an extension for good cause of up to one year for the completion of continuing education requirements upon written request from the licensee prior to the renewal date. Such extension shall not relieve the licensee of the continuing education requirement.

E. The board may grant an exemption for all or part of the continuing education requirements for one renewal cycle due to circumstances determined by the board to be beyond the control of the licensee.

18 VAC 125-20-122. Continuing education providers.

A. The following organizations are recognized by the board as approved providers of continuing education:

1. Any board-approved psychological association.
2. Any board-approved association or organization of mental health, health or psychoeducational providers.
3. Any board-approved association or organization providing courses related to forensic psychology.
4. Any regionally accredited institution of higher learning.
5. Any governmental agency or facility that offers mental health, health or psychoeducational services.
6. Any licensed hospital or facility that offers mental health, health or psychoeducational services.

B. Course providers not listed in Subsection A may apply for approval by the board as continuing education providers.

1. To be considered for board approval, a continuing education provider shall submit:
 - a. Documentation of an instructional plan for continuing education courses that are primarily psychological in nature with systematized instruction provided by licensed psychologists or other licensed mental health service providers; and
 - b. The provider review fee set forth under 18 VAC 125-20-30.
2. Board approval of continuing education providers under this subsection shall expire two years from the date of issuance, and may be renewed upon submission of documentation and provider review fee as required by the board.

C. Continuing education providers approved under subsections A or B of this section shall:

1. Document and maintain records of licensee attendance and completion of courses for a period of four (4) years.
2. Monitor attendance at classroom or similar face-to-face educational experiences.
3. Provide a certificate of completion for licensees who successfully complete a course.

18 VAC 125-20-123. Documenting compliance with continuing education requirements.

A. All licensees in active status are required to maintain original documentation for a period of four years.

B. After the end of each renewal period, the board shall conduct a random audit of licensees to verify compliance with the requirement for that renewal period.

C. Upon request, a licensee shall provide documentation as follows:

1. Official transcripts showing credit hours earned from an accredited institution; or
2. Certificates of completion from approved providers.

D. Compliance with continuing education requirements, including the maintenance of records and the relevance of the courses to the category of licensure is the responsibility of the licensee. The board may request additional information if such compliance is not clear from the transcripts or certificates.

E. Continuing education hours required by disciplinary order shall not be used to satisfy renewal requirements.

18 VAC 125-20-130. Late renewal; reinstatement, reactivation.

A. A person whose license has expired may renew it within two years after its expiration date by paying the penalty fee prescribed in 18 VAC 125-20-30 and the license renewal fee for the biennium the license was not renewed.

B. A person whose license has not been renewed for two years or more and who wishes to resume practice shall:

1. Present evidence satisfactory to the board of having met all applicable continuing education requirements equal to the number of years the license has lapsed, not to exceed four years, regarding continued competency to perform the duties regulated by the board;
2. Upon approval for reinstatement, Pay the reinstatement fee as prescribed in 18 VAC 125-20-30; and
3. Submit verification of any professional certification or licensure obtained in any other jurisdiction subsequent to the initial application for licensure.

C. A psychologist wishing to reactivate an inactive license shall submit the renewal fee for active licensure minus any fee already paid for inactive licensure renewal, and document

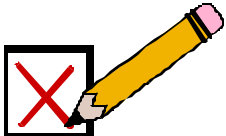
completion of continued competency hours equal to the number of years the license has been inactive, not to exceed four years.

18 VAC 125-20-160. Grounds for disciplinary action or denial of licensure

A. The board may take disciplinary action or deny a license for any of the following causes:

1. Conviction of a felony, or a misdemeanor involving moral turpitude;
2. Procuring of a license by fraud or misrepresentation;
3. Misuse of drugs and/or alcohol to the extent that it interferes with professional functioning;
4. Negligence in professional conduct or violation

- of practice standards including but not limited to this chapter;
5. Performing functions outside areas of competency;
6. Mental, emotional, or physical incompetence to practice the profession; **or**
7. Failure to comply with the continued competency requirements set forth in this chapter;
- or**
7. 8. Violating or aiding and abetting another to violate any statute applicable to the practice of the profession regulated or any provision of this chapter.
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2000 Legislation

Statutes and bills can also be accessed by Internet through the Legislative Information System at <http://legis.state.va.us>. Select hyperlink for the Code of Virginia, under "*Searchable Databases*" followed by the hyperlink for the Table of Contents. Select the appropriate title for the statute you need (do **not** type anything in the search window).

Specific statutes for the Department of Health Professions can be found under Title 54.1. Then select the hyperlink for the appropriate chapter. Statutes specific to psychology are under Chapter 36. For example, the statute identified by section 54.1-2400 is under Title 54.1, Chapter 24.

For House Bills or Senate Bills, select the hyperlink for Bills and Resolutions under "*Bill Tracking*" and type the bill number without any spaces in the search window; e.g. hb677. For the most recent text, select the last item listed under "*Full Text*." A summary of the new psychology statutes follows:

§54.1-3606.1 requires that the Board develop continuing education requirements (See article under regulatory review on page 3.)

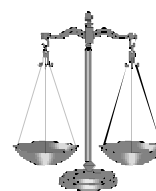
§54.1-2400.4 requires any mental health service provider who learns of evidence that indicates a reasonable probability that another mental health provider is or may be guilty of a violation of standards of conduct to advise his patient of the right to report such information to the Department of Health Professions. The mental health service provider must provide the patient with information, including, but not limited to, the Department's toll-free complaint hotline number for consumer complaints and written information published by the Department of Health Professions, explaining how to file a report. The mental health service provider must also

document in the patient's record the alleged misconduct, the category of licensure or certification and approximate dates of treatment, if known, of the provider who will be the subject of the report, and the action taken by the mental health service provider to inform the patient of his right to file a complaint with the Department of Health Professions. The mental health service provider will be immune from any civil liability or criminal prosecution resulting therefrom unless such person acted in bad faith or with malicious intent. Any person failing to inform a patient of his right to file a complaint against a regulated person as provided in this bill will be subject to a civil penalty not to exceed \$100 dollars. *To download a copy of the brochure on the Disciplinary Process for Licensed Professionals, enter the agency website at www.dhp.state.va.us, scroll to Enforcement Division, click on the Disciplinary Process for Licensed Health Professionals.*

§54.1-3606 requires the Board to promulgate regulations for the practice of "school psychologists-limited" and issue licenses by endorsement to those persons licensed by the Department of Education with a Master's in school psychology and an endorsement in psychology. The Board will issue licenses to school psychologists - limited to provide school psychology services solely in public school divisions.

§8.01-413 requires a health care provider to accept a photocopy, facsimile, or other copy of the original document signed by the patient providing authority for the requestor to obtain his health care records.

If you have comments, you may write to the Executive Director, Evelyn Brown, at the mailing address on this newsletter or e-mail to ebrown@dhp.state.va.us



DISCIPLINARY ACTIONS

The Board of Psychology has taken the following disciplinary actions since Summer, 1998.

- ☐ **Richard A. David, Ph.D., LCP License # 0810-001886**
FINDINGS: Failure to maintain therapeutic boundaries with a client whom he was treating for depression, self-esteem, anger and marital issues, to include making inappropriate remarks of a sexual nature and phoning the client on several occasions to encourage her to return to therapy after she stated she was uncomfortable with his remarks.

ACTION: Indefinite probation with terms and conditions that include required individual supervision of practice, psychological evaluation and therapy, by Order dated April 27, 1999.

- ❑ **Robert E. Emery, Jr., Ph.D., LCP License # 0810-001163**
FINDINGS: Failure to maintain therapeutic boundaries with a client whom he was treating for issues related to family matters and relationships, to include holding the client, discussing issues of his own and, following the session in which these episodes occurred, inappropriately telephoning and e-mailing the client.

ACTION: Indefinite probation with terms and conditions that include required individual supervision of practice, psychological evaluation and twelve hours of coursework in the area of ethics and boundaries, by Order dated October 22, 1999.

- ❑ **Charles R. Goodman, Ph.D., LCP License # 0810-001005**
FINDINGS: Failure to maintain therapeutic boundaries with a client whom he was treating for issues related to depression, anxiety, a history of physical and sexual abuse and being an adult child of an alcoholic, to include maintaining a sexual relationship, pursuing a social relationship, engaging in abusive physical altercations, creating emotionally abusive interactions, and inappropriately diagnosing and treating a Multiple Personality Disorder.

ACTION: License revoked, by Order dated March 31, 1999.

- ❑ **Michael E. Keister, Ph.D., LCP License # 0810-002264**
FINDINGS: Failure to comply with terms and conditions of a previous Order of the Board, refusal to comply with the requirements of his Participation Contract with the Health Practitioners' Intervention Program and dismissal from that program.

ACTION: Indefinite probation with terms and conditions that require a comprehensive psychological evaluation, compliance with the recommendations made pursuant to that evaluation and reapplication to the Health Practitioners' Intervention Program, by Order dated November 24, 1999.

- ❑ **Kim L. Knorr, Psy. D., LCP License # 0810-002088**
FINDINGS: Failure to maintain therapeutic boundaries with a client she was treating for issues related to grief and dysthymia, to include maintaining a sexual relationship, engaging in a social relationship, cohabiting and terminating the professional relationship with the client in order to pursue a social relationship.

ACTION: Acceptance of surrender and indefinite suspension of license, in lieu of further administrative proceedings, by Order dated April 7, 2000.

- ❑ **William T. Riley, Ph.D., LCP License # 0810-001666**
FINDINGS: Failure to maintain therapeutic boundaries with a client he was treating for issues related to post-traumatic stress disorder, a history of abuse, intermittent depression and panic attacks, to include maintaining a sexual relationship, engaging in a social relationship and

disclosing personal matters of his own and, with an intention to deceive, mischaracterized the client's diagnosis as histrionic personality disorder" in a letter to her primary care physician in order to cast doubt on the client's allegations against him.

ACTION: License suspended and suspension stayed on terms and conditions that prohibit him from engaging in the practice of clinical psychology for one year, require a comprehensive psychological evaluation and compliance with the recommendations of the evaluator, and mandate continued therapy as recommended by his treating practitioner, by Order dated June 8, 1999.

- ❑ **Steven B. Robbins, Ph.D., LCP License # 0810-001266**
FINDINGS: Conviction, in the Circuit Court of the City of Richmond, of one count of Misuse of Public Funds, a felony, arising out of his work as director of a profit-center program at Virginia Commonwealth University during which he caused payments to be made to him, from grant funds, without proper authorization.

ACTION: License reinstated and placed on probation on terms and conditions, by Order dated February 10, 2000. Licensed had been mandatorily suspended, based upon

Mandatory continued from Page 1

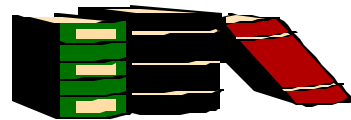
Some health care institutions have inquired as to whether, under this section, they must report a practitioner who is enrolled in the Health Practitioners' Intervention Program and, in connection with enrollment, is or has been committed or admitted as a patient for treatment of substance abuse or psychiatric illness. The statute does **not** contain an exemption for a practitioner who is enrolled in the Health Practitioners' Intervention Program.

Such a practitioner must be reported to the appropriate health regulatory board if the administration of a health care institution is aware that the underlying substance abuse or psychiatric illness "may render the professional a danger to himself, the public or his patients."

When the health care institution is itself providing the inpatient treatment to the practitioner, provision of federal law and regulation may prohibit the reporting. Virginia's law expressly recognizes the import of federal law and specifically exempts from mandatory reporting those circumstances which are governed by federal law and regulation. Health care institutions should review such situations with their counsel to determine whether this exemption is applicable. Virginia's statute creates immunity from civil liability for any mandatory report unless the report was made in bad faith or with malicious intent.

The definition of "provider" in Virginia Code § 32.1-127.1:03 includes, in relevant part, "all persons who are licensed, certified, registered or permitted by any of the Health Regulatory Boards within the Department of Health Professions, except persons regulated by the Board of Funeral Directors and Embalmers or the Board of Veterinary Medicine."

Liability, Ethics and the Law



By Lynne Fleming, AAG

Maintaining Client Records

Virginia Code § 54.1-2403.3 states that:

Medical records maintained by any health care provider as defined in § 32.1-127.1:03 shall be the property of such health care provider or, in the case of a health care provider employed by another health care provider, the property of the employer. Such health care provider shall release copies of any such medical records in compliance with § 32.1-127.1:03 or § 8.01-413, if the request is made for purposes of litigation, or as otherwise provided by state or federal law.

Virginia Code § 32.1-127.1:03, captioned “Patient health records privacy,” is a lengthy statute which establishes requirements for release of records in connection with requests from patients, requests from third parties and subpoenas. In general, the law requires that, upon the written request of a patient, the provider must, within 15 days, provide a copy of the patient’s records, inform the patient that the records do not exist or cannot be found, direct the patient to the provider who is maintaining the patient’s records or, if the provider is the patient’s attending physician or the patient’s clinical psychologist, inform the patient that the request is being refused because furnishing the records “would be injurious to the patient’s health or well-being.” The statute additionally states that the provider shall not disclose the patient’s records without the consent of the patient, except as permitted by law. The statute then lists 24 permissive exceptions to this disclosure limitation and specifies the method by which records are to be produced in response to a subpoena. Finally, the statute permits release of patient records in compliance with other state and federal laws.

All providers should be familiar with the general provisions of this statute and its permissive exceptions to the general rules. However, because this statute was discussed in detail in a previous edition of this newsletter, this article will focus on other statutory provisions relevant to patient records.

Other statutory provisions pertinent to patient records:

Virginia Code § 54.1-2405 provides that no person licensed, registered, or certified by one of the health regulatory boards under the Department [of Health Professions] shall transfer records pertaining to a current patient in conjunction with the sale of a professional practice until such person has first attempted to notify the patient of the pending transfer, by mail, at the patient’s last known address, and by publishing prior notice in a newspaper of general circulation within the provider’s practice area. The notice shall specify that, at the written request of the patient or an authorized representative, within a reasonable time period, the records or copies will be sent to any other like-regulated provider of the patient’s choice or destroyed.

The above provision is applicable only to the “sale” of a professional practice, but there is nothing that would prohibit following the procedure outlined in the case of the closing, without a sale, of a practice. Virginia Code § 54.1-111(C) states that it is not unlawful for the owner of patient records to retain copies of his patient records or prescription dispensing records after the closing of a business or professional practice or the transfer of ownership of a business or professional practice. This

latter section also allows the provider to charge a “reasonable fee,” not in excess of fifty cents per page for up to fifty pages and twenty-five cents a page thereafter for copies from paper and one dollar per page for copies from any micrographic process, plus postage and shipping costs and a search and handling fee not to exceed ten dollars.

Virginia Code § 54.1-2403.2 permits the storage of patient records by “computerized, or other electronic process or microfilm, or other photographic, mechanical, or chemical process” and, if such process creates an “unalterable record,” the provider is not required to maintain paper copies of the records stored by such process. When the technological storage is completed, the paper copies of medical records may be destroyed “in a manner that preserves the patient’s confidentiality.”

Upon the request of any of his patients, a provider is required to provide to the patient an itemized statement of the charges for the services provided to the patient, regardless of whether a bill for the services which are the subject of the request has been or will be submitted to any third party payor. *See Va. Code § 54.1-2404.*

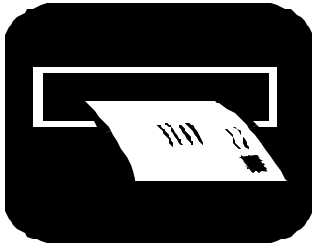
The Department of Health Professions has statutory authority to subpoena patient records from any provider in connection with a complaint investigation into actions either by the subpoenaed provider or any other provider. *See Va. Code § 54.1-2506.* One of the permissive exemptions in the patient health records privacy act, Virginia Code § 32.1-127.1:03 discussed above, permits the disclosure of patient records in connection with Virginia Code § 54.1-2506 or any investigation by a “law enforcement, licensure, accreditation or professional review entity.” *See Va. Code § 32.1-127.1:03(D.)(3), (6).* Failure to provide records or other documents requested by a health regulatory board is an “unlawful act,” punishable as a Class 1 misdemeanor. *See Va. Code § 54.1-111(A.)(7).*

No Virginia statute establishes a general requirement for maintaining patient records for a specified length of time.

Individual health regulatory boards may have such requirements in their regulations. {The Virginia Board of Psychology requires that all licensed psychologists regulated by the Board maintain patient records for not less than five years post-termination.} *See 18 VAC 125-20-150 .*

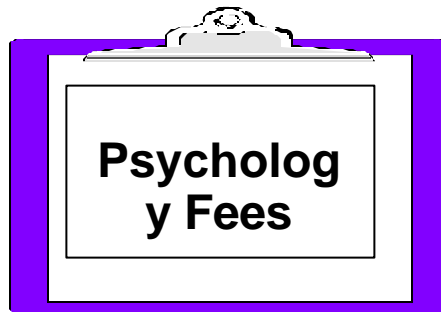
In addition to the brief discussion of the patient health records privacy act, this article has addressed only those Virginia statutes which appear in Title 54.1 of the Code of Virginia which establishes a system for regulation of health care professionals. Federal laws, such as 42 U.S.C. 290dd-2 which governs records of patients treated for

substance abuse, supercede Virginia statutes and regulations. Other Virginia statutes may have limited application to specific situations, such as criminal cases. If a provider has questions about producing or maintaining patient records, the provider may wish to discuss such issues with his attorney. If the questions involve regulations of a health regulatory board or statutes applicable to the regulated profession, the provider may contact the Board.



Name and Address Changes

The Board requires that all name and address changes be made in writing to the Board office. Write to: Ms. Arnice Covington, Administrative Assistant, Board of Psychology, 6606 West Broad Street, 4th Floor, Richmond, VA 23230-1717. Please be aware that a licensee's address is public information, and can be retrieved on the agency's website: <http://www.dhp.state.va.us/>; scroll to information available to the general public. Name change requests must be accompanied with supporting documentation indicating the change. You can also **FAX** requests to the Board at **(804) 662-7250**.



| Fee Type | Amount |
|---|----------|
| Registration of Residency | \$50.00 |
| Application Processing | \$200.00 |
| Renewal <i>Biennial birth month even years</i> | \$225.00 |
| Duplicate license | \$5.00 |



Practitioner Intervention Health Program

If any health care practitioner has concerns about an impairment affecting himself or herself or another practitioner and would like information concerning the Health Practitioner's Intervention Program, contact may be made with the program as listed below:

William E. McAllister
Virginia Monitoring, Inc.
2101 Executive Drive, Suite 5M - Tower Box 88
Hampton, VA 23666
(757) 827-6600 - (888) 827-7559 (answered 24 hours a day)
Fax: (757) 827-8864

Copies of the statutes and regulations governing the Health Practitioners' Intervention Program are available from the Virginia Department of Health Professions.

INTERVENTION PROGRAM COMMITTEE COORDINATOR

Ms. Donna P. Whitney, LPN, CSAC
6606 West Broad Street, 4th Floor
Richmond, Virginia 23230-1717
Telephone (804) 332-9494 FAX (804) 662-9943
[e-mail d.whitney@dhp.state.va.us](mailto:d.whitney@dhp.state.va.us)

VIRGINIA BOARD OF PSYCHOLOGY
6606 WEST BROAD STREET, 4th FLOOR
RICHMOND, VIRGINIA 23230-1717
TELEPHONE (804) 662-9913
TDD (804) 662-7197
FAX (804) 662-7250
[e-mail psy@dhp.state.va.us](mailto:psy@dhp.state.va.us)

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